

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10-049,417</div>	FILING DATE					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		12					53						
4		10					54						
5		10					55						
6		10					56						
7		10					57						
8		10					58						
9		10					59						
10		10					60						
11	1	10					61						
12	1						62						
13		1					63						
14	1						64						
15		1					65						
16		10					66						
17	1						67						
18	1						68						
19		1					69						
20		12					70						
21		10					71						
22		10					72						
23	1						73						
24		1					74						
25		12					75						
26		10					76						
27		10					77						
28		1					78						
29		1					79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	21	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	29	↓	↓	↓	↓	↓	TOTAL CLAIMS	↓	↓	↓	↓	↓	↓